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TRANSMITTAL FORM  First Named Inventor Art Unit 2835 Examiner Name Brian A. Zimmerman  Attunit Appeal Communication to TC Appeal Attunit Appeal Attunit Appeal Communication to TC Appeal Attunit Appeal Attunit Appeal Attuni			erwork Re	eduction Act of 1995	. no persons	s are required to respond to a Application Number	collection of ir	oformation unless it displays a valid OMB control number.			
FIRST Named Inventor Art Unit 2835  Total Number of Peges in This Submission 23 Attorney Docket Number Mid-386    First Name   Brian A. Zimmerman	TPANSMITTAL					Filing Date		· · · · · · · · · · · · · · · · · · ·			
At Unit 2835  Examiner Name Brian A Zimmerman  Total Number of Pages in This Submission 23 Attorney Docket Number Mi40-366  ENCLOSURES (Check all that apply)  ENCLOSURES (Check all that apply)  Fee Transmittal Form Drawings After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeals Communication to TC (Appeal Natice, Brief, Reply Brief) Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address (Appeal Nationey, Revocation Change of Correspondence Address (Information Disclosure Statement Information Disclosure Statement Information Disclosure Statement Information Disclosure Statement Information Propriet Application Reply to Missing Parts Under 37 CFR 1.52 or 1.53 Signature  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name WELLS ST. JOHN P.S. (Customer No. 021567)  Signature  DEEPAK MALHOTRA  Date J M. R. E. J. O. S.	IRANSIIIIIAL						<del>-  </del>				
Examiner Name   Mido-366	FORM							Tuttle			
Total Number of Pages in This Submission   23							2635				
ENCLOSURES (Check all that apply)   After Allowance Communication to TC	(to	be used for	all corresp	ondence after initial	filing)			Zimmerman			
ENCLOSURES (Check all that apply)    Fee Transmittal Form	Tota	I Number of	Pages in	This Submission	23	Attorney Docket Number	мі40-36	6			
Fee Transmittal Form    Pee Transmittal Form			<del></del>								
Fee Attached					ENCL	LOSURES (Check a	all that appi	•			
Fee Attached  Licensing-related Papers  of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Amendment/Reply Amendment/Reply Amendment/Reply After Final After Final Aftidavits/declaration(s) Extension of Time Request Extension of Time Request Express Abandonment Request Information Disclosure Statement CD, Number of CD(s) Landscape Table on CD  Remarks No claims or extension fees are believed to be due.  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name WELLS ST. JOHN P.S. (Customer No. 021567)  Signature  Printed name DEEPAK MALHOTRA Date  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	<b>'</b>	Fee Trans	smittal Fo	orm		Drawing(s)		After Allowance Communication to TC			
Amendment/Reply		Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts				icensing-related Papers					
Firm Name  WELLS ST. JOHN P.S. (Customer No. 021567)  Signature  Printed name  DEEPAK MALHOTRA  Date  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature					F F F F F F F F F F F F F F F F F F F	Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on	e Address	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below): Check; PTO Return Receipt Postcard			
Signature  Printed name  DEEPAK MALHOTRA  Date  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature			,	SIGNA	TURE O	F APPLICANT, ATT	ORNEY,	OR AGENT			
Printed name  DEEPAK MALHOTRA  Date  The 14 Toos  Reg. No. 33,560  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature	Firm N	ame	WELLS	ST. JOHN P.S. (	Customer	No. 021567)	-				
Date    Tune 14 ZooS   Reg. No.   33,560	Signature			-							
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Signature FILED BY U.S. EXPRESS MAIL NO. EV 550715600 US	sufficie	sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on									
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Date

## EV550715600

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

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RADEMI	Effective on 12/0		25 ((1.5) 4040)	Complete if Known								
Fees pursuant to the				Application Nu	ımber 10	0/759,976	59,976					
	TRAN		IAL	Filing Date Janu		anuary 15, 20	nuary 15, 2004					
	For FY	2005		First Named In	nventor N	Mark E. Tuttle	E. Tuttle					
Applicant clair	ns small entity sta	tus See 37 C	FR 1 27	Examiner Nam	ne E	Brian A. Zimme	n A. Zimmerman					
	Т		1.27	Art Unit	Art Unit 2635							
TOTAL AMOUNT	OF PAYMENT	(\$)	310	Attorney Dock	et No. N	/II40-366						
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order Other (please identify):												
Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: WELLS ST. JOHN P.S.												
For the above	ve-identified depo	sit account, the	Director is he	reby authorized t	to: (check al	I that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17												
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FEE CALCULAT	TION				_							
1. BASIC FILING	, SEARCH, AN	D EXAMINA	TION FEES									
	FILIN	G FEES Small Entity		CH FEES	EXAMI	NATION FEES	;					
Application Ty	pe <u>Fee (\$</u>		<u>Fee (\$</u>	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees P	aid (\$)				
· Utility	300	150	500	250	200	100						
Design	200	100	100	50	130	65						
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Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CLA Fee Description						Fee (\$)	Small Entity Fee (\$)	K				
	ver 20 (including	(Reissues)				50	25					
Each independ	dent claim over	3 (including l	Reissues)			200	100					
Multiple depe	ndent claims					360	180					
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HP = highest number of total claims paid for, if greater than 20. Indep. Claims												
Indep. Claims (4) Extra Claims Fee (\$) Fee Paid (\$) ———————————————————————————————————												
HP = highest number of independent claims paid for, if greater than 3.												
3. APPLICATION SIZE FEE												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50												
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x =												
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)												
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SUBMITTED BY	·											
SUBMITTED BY		a -		Registration No.	00.566	Telenh	ODB (500) 604	4070				

Signature Registration No. (Attorney/Agent) 33,560 Telephone (509) 624-4276

Name (Print/Type) DEEPAK MALHOTRA Date June 14, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.